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A STUDY TO DEVELOP AND TEST THE EFFECTIVENESS OF A
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ARM CLINICAL INVESTIGATION ACTIVITY F. J E VIGNA

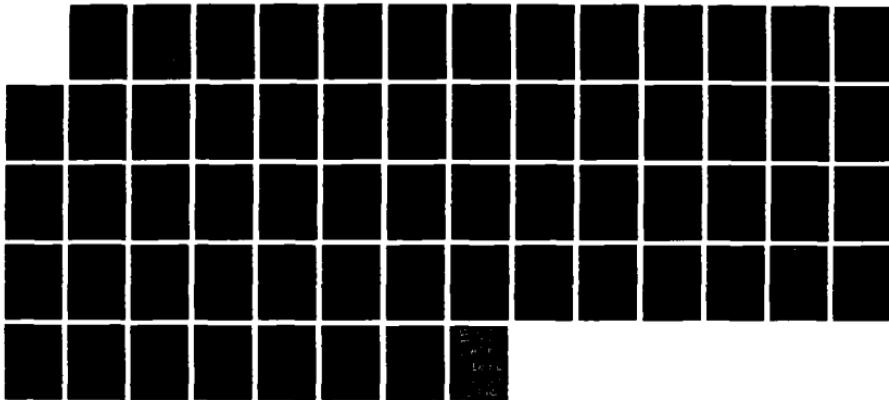
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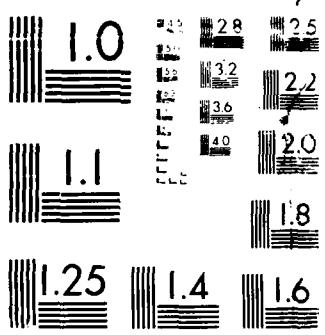
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A STUDY TO DEVELOP AND TEST THE
EFFECTIVENESS OF A PROGRAM OF SUPERVISORY
DEVELOPMENT AT FITZSIMONS ARMY MEDICAL CENTER

A Problem Solving Project
Submitted to the Faculty of Baylor University
In Partial Fulfillment of the Requirements for the
Degree of Master of Hospital Administration

By
Major John E. Vigna, MSC
19 May 1981

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CHAPTER I

INTRODUCTION

General Information

There appears to be little doubt that the major concern of the health care industry today is to achieve the most productivity from existing resources. The cost of total reliance on technology to improve productivity is prohibitive in today's economic situation. The alternative to pure technology is to develop the human potential to its fullest. The pool of health care personnel is the most important resource of any hospital. How effectively and efficiently these employees are directed toward the accomplishment of both individual and institutional goals and objectives can be the primary measure of organizational success. The costs associated with low levels of employee productivity can force reductions in patient services or result in the provision of unacceptably low quality care.

It is incumbent upon health care managers to insure that every effort is made to increase employee productivity. At all levels of a health care institution, the emphasis should be placed upon maximizing employee productivity. Productivity can be increased over the long term primarily by undertaking measures to increase job satisfaction and motivation. Achieving success of the organization is really accomplished only by aggressive action to assess and meet the needs of employees.

Productivity in a hospital cannot be optimized in a situation where there is frustration due to increasing workloads, lack of adequate supplies

or equipment, inadequate supervision, or ill-trained personnel. Managers must be aware of such things if they are to successfully meet their goal of providing the best quality of health services with minimum expenditure of resources.

A major indicator of the level of job satisfaction within the hospital is personnel turnover. The costs to an institution of a high rate of personnel turnover are significant. Not only are there direct costs of hiring replacement employees but also costs incurred from loss of training invested in the previous employee, perhaps a decrease in production of the previous worker prior to departure, costs of recruitment action, and the cost of training the new employee until production is up to standard. Additional attention must also be directed to the newly hired employee by the supervisor and perhaps by co-workers involved in the training.

Turnover can result for various reasons and can in some instances be beneficial to the institution. Promotions from one organizational element to another within the institution are perhaps the most obvious example of beneficial turnover. Within the military there is a certain amount of turnover due to relocation of families incident to government service. Such "involuntary" turnover is not of practical concern for the manager however. When turnover results from factors over which management may have control, then the need exists to assess the existence of a problem, to determine possible causes, to explore alternative solutions, and to take appropriate corrective action.

Conditions Which Prompted the Study

Personnel turnover has been a continuing problem to hospital administrators for many years. This has been especially true among registered nurses

and other nursing personnel. The turnover rate among staff nurses in 1970 was determined to be 70 percent, compared to 18 percent for female teachers in public schools, 20 percent for female clerical personnel in manufacturing companies, and 10 percent in industry at large.¹ The answer that a high turnover rate must be expected among nursing personnel because so much of the work force is composed of females is therefore not accurate.

At Fitzsimons Army Medical Center, a 572-bed teaching hospital and referral center, the turnover of civilian employees has been closely monitored by the Civilian Personnel Office (CPO). The CPO has utilized direct employee contacts both individually and within the work section, exit interviews with departing employees, and follow-up questionnaires and surveys of former employees to gather data on turnover so that any increasing trend can be detected and appropriate action taken by management. In addition to its monitoring activities, the CPO has undertaken studies of personnel turnover in specific areas of the medical center in order to provide sound recommendations for management action. The latest study indicated a total turnover rate for the medical center of over 25 percent for the last four fiscal years.² Though costs of such a high turnover rate have not been calculated specifically, it is estimated that they are indeed significant.

In these and other turnover studies conducted at Fitzsimons Army Medical Center, as well as a study conducted at the Veterans Administration Hospital in nearby Denver, findings indicated that voluntary turnover resulted in large measure from a lack of communications between management and the employee, poor working conditions, heavy workload, inadequate staffing, unavailability of professional training, and poor quality of supervision.

In describing the lack of communications, both supervisory and non-supervisory civilian employees claimed that they were not kept informed of what was going on in the hospital. They indicated that periodic staff meetings within the work sections were not conducted. Newsletters, job announcements, and other sources of information were rarely received in the duty section. Many civilian employees complained that their military supervisors did not understand the policies and directives which govern the management of civilian personnel.

The studies indicated several areas of concern which could be included under the broad category of "poor working conditions." Comments were most often directed toward custodial deficiencies, general electrical and mechanical engineering support, obsolete or undependable equipment, inability to obtain new equipment, and a lack of routine medical supplies. Specifically within the Department of Nursing, employees complained that the frequency of shift rotation and lack of permanent shifts created a significant hardship.

Some complaints were voiced concerning heavy workload with fewer personnel to do the job. These comments were almost completely confined to the Department of Nursing and the Directorate of Facilities Engineering.

The lack of available funding for professional training was also cited as a potential problem which could cause turnover, especially among physicians and specially trained nurses such as nurse practitioners, operating room nurses, and intensive care unit specialists.

The quality of supervision within the medical center was questioned by many employees. It was claimed that there was a general lack of organizational ability, a lack of communicative ability, and a failure to apply

understanding of basic human relations skills. Employees complained that they were treated unfairly, not involved in decision-making within the job environment, and were not recognized for doing a good job.

Subsequent to these studies in fiscal years 1979 and 1980, several steps were taken in order to improve the situation. The Civilian Personnel Officer began meeting more frequently with employee groups, the use of hospital information systems such as the Fitzsimons' newspaper "The Stethoscope" has been increased in order to keep employees more informed, alternative staffing methodologies have been explored within the Department of Nursing to alleviate the deleterious effects of frequent shift rotations, and a two-phased, 80-hour course for training of newly appointed supervisors has been established.

In summary, Fitzsimons Army Medical Center has experienced a significant rate of turnover among civilian personnel for the past four years. The rate has been highest for registered nurses and other nursing personnel. Reasons for leaving vary among the employees but they can generally be grouped into four broad categories: (1) Lack of communications; (2) poor facilities and equipment; (3) frequent shift changes; and (4) poor quality of supervision.

It became clear to management at the medical center that some action was required. The reasons for the turnover rate had been adequately assessed by the Civilian Personnel Office and an effort must be made to reduce the turnover rate.

A determination was made to focus initially on the problem of poor quality of supervision. It was felt that the increased development of supervisor's skills would lead to improvement in the general working conditions of the employee. Good supervisory skills practiced at all organizational levels could be effective in alleviating almost all of the problems alluded to in

the turnover studies. Any program designed to reduce turnover at Fitzsimons should begin with the development of the supervisor.

Statement of the Problem

The problem is: (1) To develop a program of instruction in middle-level management skills, human relations, and interpersonal communications techniques; (2) to test the effectiveness of the program in meeting pre-established objectives; and (3) to implement the program on a regular basis at Fitzsimons Army Medical Center or discard it entirely based upon the results of this test.

Research Methodology

The Supervisory Development Program was developed based primarily upon interviews held individually with several key persons within the organization and meetings held for the purpose which include personnel from the Management-Employee Relations Branch, Civilian Personnel Office, the Chief, Nursing Education and Training Service, the director of nursing in-service education, the assistant Chief Nurse, the Nursing Methods Analyst, the Organizational Effectiveness Staff Officer, the Chief, Military Personnel Branch, several wardmasters and other supervisors. In addition, the program was developed utilizing the recommendations contained in studies of personnel turnover at both Fitzsimons Army Medical Center and the Veterans Administration Hospital, Denver.

The program was developed to stand independently of other related programs such as the Supervisor Training Program offered by the Civilian Personnel Office to newly employed supervisors and the Head Nurses Course

offered at the Academy of Health Sciences. Texts of both of these courses have been examined and the Supervisory Development Program was developed to complement these other courses but not to duplicate them.

The pilot program was developed for testing with the target audience of middle level managers and those first line supervisors with sufficient experience to warrant duties as middle level managers. It was intended that the majority of the participants would be supervisors within the Department of Nursing, however administrative officers and allied scientists were also to be included. This group has similar needs in terms of managerial skills and the depth of understanding of operational procedures required to perform satisfactorily in their supervisory roles. The Chief Nurse was directed to provide 18 supervisors for attendance, to include head nurses of wards and clinics, nurse administrators, wardmasters, and clinic NCOIC's. Several department administrative officers were also scheduled to attend. Requests for attendance were sent to several ancillary services for nomination of participants who might derive benefit from the course.

Evaluation of the pilot program consisted only of short-range measures due to time constraints. Only short-range criteria were considered in the evaluation since the decision to implement a continuing supervisory development program could not be postponed until data on long-range criteria could be evaluated, a period of perhaps a year or more. Such long-range criteria would include indicators of program effectiveness such as (1) documented decrease in personnel turnover; (2) decrease in employee and patient complaints; (3) improvement in user level inventory management; (4) improvement in employee morale; (5) decrease in delinquent medical records due to poor records maintenance; and (6) improvement in unit level

budgeting and fiscal management. These long-range criteria are not within the purview of this study.

Short-range criteria used in the evaluation of this pilot program are basically twofold: (1) Immediate feedback from the participants both during and at the completion of the program; and (2) feedback from the participants and their supervisors approximately two months after completion of the program. The use of a third criteria involving feedback from subordinates of the participating supervisors was not considered feasible due to the possibility of receiving distorted information. Providing certain line employees with an opportunity to "rate your boss" might not serve a useful purpose. It was determined that the supervisors of the participants could best judge any change in behavior or attitude.

Immediate feedback from the participants was obtained in the form of critique sheets for each course in the program (Appendix A) and a Supervisor Development Program Evaluation sheet (Appendix B) for an evaluation of the entire program. The course critique sheets were completed by each participant at the end of each course of instruction. The Supervisor Development Program Evaluation sheets were distributed after the last course was presented and completed by the participant at that time.

Seven weeks after the program's completion a questionnaire was provided to each participant and to the supervisor of each participant. This questionnaire was designed to assess the extent of any behavior or attitude change in relation to supervisory duties and responsibilities as perceived by the participant and by the participant's supervisor. Copies of these questionnaires are included at Appendixes C and D. Analysis of this data provided information on the perceived effectiveness of the pilot

program from the perspectives of the participant and the participant's supervisor. The pilot program would be considered effective if it is perceived as effective from either or both perspectives since it is possible that a behavior or attitude change can be effected by the program without the conscious recognition of it by either the participant or his/her supervisor.

Objectives

The objectives of this study are threefold: (1) To develop a sound training program for middle-level supervisors utilizing expert opinion, review of literature, and previous management studies; (2) to test the effectiveness of the program in meeting pre-established criteria; and (3) to recommend implementation of the program on a continuing basis based upon results of the test.

Criteria

Effectiveness of the Supervisory Development Program will be evaluated based upon the following criteria. In order for implementation, the program must:

1. Facilitate communications between patient care providers and those who support the patient care operation.
2. Facilitate communications between employees and their supervisors.
3. Provide supervisors with improved management skills.
4. Provide supervisors with an improved understanding of the operational procedures of selected service support agencies.
5. Increase the job satisfaction of both civilian and military employees.
6. Decrease personnel turnover among civilian personnel.

7. Increase the quality of patient care.
8. Be supported by management at all levels of the medical center.

Limitations

No long-range criteria could be used to determine program effectiveness, thus only performance which could be measured within two months of the pilot program's implementation was utilized.

The target population of the pilot program was middle-level supervisors and those with demonstrated potential for middle-level supervisory positions.

Assumptions

Three assumptions were necessary at the start of the study. The first is that any change in the supervisory style or techniques exhibited by supervisors participating in the pilot program was actually due to attendance at the courses included in the pilot Supervisor Development Program. That is, any change in behavior or attitude on the part of the participating supervisor that occurred between the time of the pilot program and the follow-up questionnaire has been attributed to the pilot program. No other cause has been considered.

The second assumption involves the nature of the program itself. In order to develop the program expert opinion was used to meet the needs of supervisors. It has been assumed that the opinions of those persons consulted in formulating the curriculum have been accurate.

The final assumption is that the findings of those who conducted previous personnel turnover studies at Fitzsimons and at the Veterans Administration Hospital, Denver, have been correct in their recommendations

for such supervisory training. This study is fundamentally based upon the turnover studies previously conducted.

Literature Review

There is an abundance of evidence in the literature that the administrative effectiveness of any organization can be evaluated by a number of different measures. Likert lists the following measures as among those: productivity, job satisfaction, cost, salvage loss, employee and managerial motivation, and personnel turnover.³ Personnel turnover, job satisfaction and employee/supervisor morale are therefore indicators of administrative effectiveness. Anything that can be done to improve these indicators will then have a positive effect on administrative effectiveness.

In a study of turnover in two hospitals in Alabama, Howell and Steward found that management training for supervisors can result in greater communication and can cause supervisors to allow their subordinates greater freedom of action, the two major causes of turnover. "More than ever before, supervisory training is needed to enable supervisors to deal with the problems of managing a work force which has achieved higher levels of education than previously."⁴ In another study, Bales found that the turnover rate among Four Seasons Nursing Centers headquartered in Oklahoma was cut in half in 1976 after a staff development program consisting primarily of supervisory training was implemented.⁵

In three separate analyses of personnel turnover among nurses, White, McCloskey and Stevens arrived at similar findings, each concluding that schooling for nurses should include management instruction that provides training in such areas as group dynamics, leadership principles,

financial management, personnel management, and human relations.⁶ Each claims that decreased turnover rates should result.

The need for active involvement by hospitals in training of supervisors permeates the literature. In encouraging hospitals to develop meaningful programs, Tsui states:

"Proper supervision is a key factor not only in reducing turnover but also in accelerating productivity. In many cases, employees are promoted from nonsupervisory to supervisory positions. In such instances, the organization must accept the responsibility to provide the supervisor with the knowledge and techniques that can affect his success in the supervisory position. If inadequate supervision is a major problem contributing to turnover, management should accept the necessity for supervisor training."⁷

Wiley also supports this idea, stating, "Hospitals should assume the responsibility to train their employees. The head nurse, as a manager, can't do a good job on clinical performance alone."⁸

In proposing that hospitals utilize attitude surveys in some instances in order to determine the expressed needs of nursing service personnel, Seyboldt and Walker found from their survey of a 310-bed hospital that many nurses had been assigned with supervisory responsibilities as a result of their previous clinical expertise. They noted that training in basic managerial skills was often lacking and their survey feedback indicated significant problems caused by this factor. The training sessions held for supervisors as a result of this attitude survey included courses in communications skills, counseling, and performance evaluations.⁹

Commenting on the direction of health care management in the future as a response to the changing social and cultural environment, Bennett claims that "The greatest need for change in our hospitals today is to advance the role of humanism in the organizational life of health care institutions."¹⁰

He calls for a greater focus on people, open channels of communication and coordination throughout the organization, and more emphasis on human resources management. This appears to be quite consistent with the objectives of a Supervisor Development Program such as this tested at Fitzsimons.

Cunningham has also noted social and cultural changes which have required adaptive responses by managers. He states:

"Managerial attitudes and values are changing, and we are creating an organizational climate characterized by openness and collaboration. Control is out, and participation is in. A worker whose job doesn't meet his need for social acceptance and ego satisfaction, as well as money, isn't likely to be productive, and a manager who doesn't understand these values is out of step with the way things are going."¹¹

The changing work force is aptly related by Howe and Mindell in their description of the contemporary employee. As opposed to the traditional employee of times past, the contemporary employee is well educated, desires to participate in the decision making process, demands open channels of communication with management, requires a challenge in his work, is interested in developmental opportunities and is generally short-term goal oriented. Howe and Mindell claim that the impact of the contemporary employee on management is significant indeed, stating: "The emergence and increase of the contemporary employee has placed a demand on organizations to professionalize management development."¹² A Supervisor Development Program focused at the level of first-line and middle management is an appropriate component of a more comprehensive organizational management development plan.

Managers who develop such programs and plans, however, need be cautious of acting solely on the basis of their own perceptions of employees' needs. Kushell advises management to appraise the working environment in depth before taking action: "By paying attention to what it is that

employees really want, instead of what management thinks they want, top executives can reduce turnover, improve morale and create a more effective, productive working environment."¹³

The previous turnover studies conducted at Fitzsimons provided substantial evidence that the need for development of supervisory skills was in fact a major contributing factor to the dissatisfaction of departing medical center employees.

Since the Supervisor Development Program to be tested was developed primarily for training supervisors within the field of nursing, the pertinent management literature in nursing was reviewed. There is an abundance of literature that points out the need for nurses in supervisory roles to have extensive training in management skills. In a thorough review of literature on leadership, Calkin substantiates her contention that nursing supervisors and administrators who understand and apply management science usually prove to be more effective leaders.¹⁴

In their analysis of motivation and morale within hospital nursing services, Kistler and Kistler imply that these important factors can be enhanced by supervisor training in interpersonal communications and human relations. "Nothing can alienate an employee more quickly than supervisors who talk down to him."¹⁵ They further state that nursing supervisors must be well versed in the management philosophy of the organization, in disciplinary and grievance procedures, in general personnel policies and practices, as well as in the technical aspects of their patient care jobs. Kron, in discussing the necessity for nursing supervisors to be good leaders, supports this same viewpoint. She states: "Effective supervision employs techniques from many fields of endeavor--communications, human relations,

personnel management, education, and others--to accomplish its aims."¹⁶

Though not specifically discussing nursing supervisors in particular, Sasser and Leonard, in a recent analysis of the difficult position occupied by the first line supervisor, also address the necessity for training in interpersonal and communicative skills:

"The first-level supervisor must excel in interpersonal skills. More and more, the trend is for employees to be a heterogeneous group of individuals, many of whom are not especially dedicated to their jobs, their departments, or their companies. Handling the variety of attitudes and values in this multiple-generation worker base has become extremely difficult... Also, the fact that the educational level of the work force has continued to rise means that the supervisor does not often maintain an educational advantage over the worker."¹⁷

Nowhere could this be more true than in a hospital organization where, especially in the technically oriented nursing and ancillary services, employees even in the lower positions require years of job training. Those who supervise these relatively well educated employees must be trained in appropriate techniques to deal with them. Leininger, in fact, claims that the need exists for innovative programs to select and place effective nurse leaders. She advises urgent action to emphasize a mid-level nursing management program beginning with training in management principles as directly applied to nursing to be taught in the baccalaureate nursing program and continued into the master's degree program. She echoes several of the authors previously cited when she states: "New strategies and creative plans must be considered to meet the demand for nurse leaders who can function effectively in the present confrontation-negotiation era."¹⁸

Also in discussing the role of the nurse leader, this time in the specific position of head nurse, Plachy exhorts management to train nurse

supervisors by exposing them to modern concepts of leadership in the classroom. In an attempt to analyze the reasons why it is so common to find complaining head nurses, he states:

"Our problem with griping 'head nurses' is that we have never really been clear about our expectations for managerial action, for leadership. No wonder they have trouble making up their minds. They don't know what kind of a decision they are up against. Let's begin by telling them."¹⁹

The necessity for training nurse supervisors in management skills is aptly summed by White who states:

"...To more effectively recruit, retain and utilize a stable and existing work force... there should be a large scale effort to increase the quality of supervision by nursing administration. Overwhelming evidence from research performed by several disciplines shows that the need for well-prepared nursing administrators has been vastly underestimated, and that many nurses resign from their jobs because of unsatisfactory relations with their supervisors... Management training... will cost less and will produce quicker results than simple emphasis upon recruiting and orientation."²⁰

Supervisor development programs such as this pilot program to be tested have been successfully implemented at other health care institutions. A two and one-half day program entitled "Employee Relations Training Program" was established for supervisor development at the University of Michigan Hospital. It includes sessions on team building, counseling, labor relations, problem solving, and conflict resolution. Cotzin claims that it has received acceptance throughout the organization and has received extremely high ratings from its participants.²¹

Mahony established a supervisor training program at A. Maxwell Evans Clinic, Vancouver, British Columbia, to facilitate ongoing education and interdepartmental communication. It is a three-day program that includes

instruction in labor relations, financial accounting, human relations, and conflict resolution. He declares that the program has been extremely successful in achieving its aims.²²

Human relations training was incorporated into an orientation program at Lake Forest (IL) Hospital and at the University of Illinois Medical Center. Tauber, the coordinator for Human Resource Development for the University, claims that one of the direct benefits of the program is that new employees tend to remain longer in their positions. He states: "...The new employee's interest can be sparked by this initial program, provided that the human relations training is presented in a consistent manner and is supported by the entire organization."²³

Though not specifically a program of supervisor development, a patient opinion survey was developed at Parkview Memorial Hospital, Fort Wayne, Indiana, in order to determine employee attitudes. The Director of Personnel for the hospital, Paul W. Guy, believed that the difference between an average hospital and a good hospital could be measured in employee attitudes since evaluations of hospitals by the patient public are based on opinions of the employees held by the patients served. Guy proposes that employees can be kept happy and smiling to the patient public as a result of good employee relations. Supervisor training, therefore, can in itself show interest in the welfare and morale of organizational employees and thus be inherently beneficial to the state of employee relations.²⁴

The reputation in the community that any hospital has for maintaining good employee relations can profoundly affect nurse recruitment and retention, according to Swanberg and Knutson.²⁵ Thus, maintaining sound employee relations is an essential factor in recruiting and retaining quality employees. Araujo

lends support to this principle in her article directed toward the nursing service administrator. She states: "If hospitals wish to ensure adequate nurse staffing now and in the future, they must begin to concern themselves with creating a working environment that is conducive to retention."²⁶

Whatever efforts are made by management to improve employee relations, to emphasize management development, to increase job satisfaction, and thus to improve the working environment, these efforts must be supported throughout the organization if they are to be successful. As Wolfe and Moe have stated: "Centralized training attempts will invariably be frustrated unless all within the hospital are committed to management development and see that formal, off-the-job training programs are a useful element to that end."²⁷

Sasser and Leonard really state the case well for supervisor development and training when they state: "Any investment in [supervisors] in training, communications, time, energy, attention, or plain listening gets one of the best returns in the company... Rather than contribute to the continued erosion of the first-level supervisory position, upper management should shore up the position by encouraging and training first-level supervisors to use available power sources to energize their situation. The end result would be an environment in which satisfaction and productivity abounds."²⁸

In summary, then, the literature clearly points out seven interrelated principles that impact upon the implementation of a supervisor training program. They are: (1) Supervisory training results in increased communication, increased freedom of action of employees, and increased job satisfaction, which are themselves the most significant factors in personnel

turnover; (2) satisfaction or attitude surveys of hospital employees often point out the need for better quality of supervision; (3) due to changing cultural and social values, new styles of management are required in order to reach maximum employee job satisfaction and production; (4) analyses of nursing leadership consistently indicate a need for the training of nurse supervisors in management skills such as interpersonal communications, human relations, and conflict resolution; (5) supervisory training programs have successfully been implemented in other hospitals and medical centers; (6) good employee relations within a hospital can profoundly affect recruitment and retention of employees; and (7) in order for a supervisor training program to be successful, it must receive a total commitment from all levels of the organization.

Footnotes

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²²Michael Mahony, "Training for First Line Supervisors." Dimensions in Health Service, September 1978; p. 40.

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CHAPTER II

DISCUSSION

As presented in Chapter I, the objectives of this study were to develop a sound training program for middle-level managers, to test the effectiveness of the program, and to decide whether to implement the program on a continuing basis at Fitzsimons Army Medical Center or discard it entirely based upon results of the test. These objectives provide an excellent organization within which to present and evaluate the data obtained. Problems encountered and results obtained in the program development and program testing phases provide the bases for the recommendations to be made in the program decision phase. This last phase will be discussed in the next chapter under Conclusions and Recommendations.

Program Development Phase

During this initial phase of the study meetings were held to determine the curriculum of the pilot Supervisor Development Program to be tested. Personnel specialists, the Organizational Effectiveness Staff Officer, Nursing Methods Analyst, nursing administrators and educators, and several practicing supervisors met to provide their views on what courses should be taught and what format the program should take. A listing of the courses provided in the program with a brief synopsis of their contents is included in Appendix D. Instructors were selected based upon their duty positions, experience and subject knowledge.

Each course consisted of a two-hour block of instruction. The 20-hour

program was taught over a two and one-half day period during normal working hours. Though many persons felt that the course should be taught over a longer period of time and held during off-duty time, the majority held that the more intensive two and one-half day format was more appropriate. Results of the follow-up questionnaire completed by the participants two months after completion of the program indicate that eight of the thirteen respondents felt that 20 hours was an appropriate length, four of whom felt it should be conducted over two and one-half days as tested and four of whom felt it should be conducted in five half day sessions.

The curriculum of the program did receive significant criticism from nursing administrators and nursing educators on the grounds that there was no real basis for including training in human relations and interpersonal relations and that no survey was taken to assess the needs of the supervisors themselves. Nursing educators seemed convinced that nursing supervisors, including both officer and senior enlisted, received sufficient training in human relations and interpersonal communications in such courses as the Officer Advanced Course, Non-Commissioned Officer Education System (NCOES) and especially the Head Nurses' Course all offered at the Academy of Health Sciences at Fort Sam Houston. It was apparent that nursing administration did not consider valid the findings of previous turnover studies indicating weakness within the ranks of nursing supervisors in the area of human relations and interpersonal communications. These courses were retained however in the curriculum of the pilot program.

The criticism that no survey of supervisors' needs was taken was not considered valid for two reasons: (1) It was assumed that the results of previous turnover studies were valid and no corroboration, such as might

be obtained from a survey of supervisors' needs, was necessary; and (2) supervisors don't always perceive their needs in the same ways as their employees. If management is concerned with increasing the job satisfaction of employees, then attention should be focused on the needs of the employees rather than on the supervisors' needs.

Development of the program curriculum was also affected by the availability of qualified instructors. Fortunately, a medical center is a place where people with special talents and abilities abound. In not many other places, for example, can an organization reach into its own ranks and find a practicing social worker educated at the doctoral level with several years of teaching experience to instruct your supervisors in conflict resolution. Such was the case in this study.

Some difficulty was encountered, however, in finding qualified instructors for some of the courses. Those who function admirably in day-to-day performance of their duties obviously do not necessarily make good instructors in a classroom environment. After solicitation of review and comment from top management of the medical center, the instructors were selected, briefed on the objectives of the program, and lesson plans developed.

Program Testing Phase

This most critical phase of the study consisted essentially of three parts: (1) the selection of program participants; (2) the collection of feedback information during and after the program; and (3) the evaluation of the feedback data received from participants and their supervisors.

Though the Chief, Department of Nursing was directed to provide 18

supervisors for attendance, to include head nurses of wards and clinics, nurse administrators, wardmasters, and clinic NCOIC's, only six nursing personnel were provided. These included three staff nurses who were not assigned to supervisory positions, one clinic NCOIC in grade E7, one wardmaster in grade E6, and the NCOIC of the ambulance section in grade E6.

The number of participants totaled fifteen. Besides the six nursing personnel, those in attendance included two military administrative officers, one civilian registered nurse who does not work within the Department of Nursing, one civilian administrator, three section supervisors from the Department of Pathology, one enlisted administrator in grade E6, and a pharmacy officer. The participants were from many different departments, held widely varying ranks and levels of responsibility, and had supervisory authority over a number of employees ranging from none to more than forty.

The evaluation of the pilot program was thus complicated by several factors: (1) the lack of personnel support from the Department of Nursing for which the curriculum was developed; (2) the heterogeneity in the mix of supervisors that resulted from the lack of participation by nursing supervisors; (3) the small number of participants in attendance (a total of 15 participants though 27 were anticipated); and (4) the low response rate (8 of 15 or 53%) of the participants' supervisors to the follow-up Supervisors Questionnaire initiated seven weeks after the completion of the training program.

Collection of feedback information consisted of four methods: (1) Critiques for each course in the program; (2) program evaluations; (3) follow-up questionnaires for the participants; and (4) a follow-up Supervisor's Questionnaire designed to assess any change in the participant's behavior or attitude from the perspective of the participant's supervisor. The contents of these

critiques and questionnaires can be seen in Appendixes A through D. Table 1 shows the relationship between the criteria established for the evaluation of the effectiveness of the Supervisor Development Program and the numbers of the questions in each of the four methods of collection used to determine whether or not the criteria were met.

Results of each of the four evaluation tools were generally favorable. Table 2 shows the results obtained from the critiques submitted by the participants at the completion of each course of instruction. Overall, 94.8% of the responses indicated that the courses met their stated objectives, 91.1% indicated that the subject matter presented was pertinent to supervisors, 76.3% indicated that the information in the course could be useful in improving the job satisfaction of subordinates, 92.6% indicated that job effectiveness and/or efficiency could be improved after the course, and 80% indicated that the information was likely to be communicated to their subordinates. General comments varied, of course, but were favorable for the most part, usually providing a critique of the instructor's ability to teach the course material.

Of the 88 unfavorable, or "no", responses on the critique sheets, 50 (or 56.8%) were attributable to two of the ten courses offered in the test program, Engineering Resources Management and Resources Management. General comments in critique of these two courses indicated that the level of instruction was not appropriate for the education and experience of the audience.

TABLE 1

RELATIONSHIP OF PROGRAM EFFECTIVENESS CRITERIA TO
QUESTIONS USED IN EVALUATION SURVEYS

<u>Effectiveness Criteria</u>	<u>Course Critiques</u>	<u>Program Evaluations</u>	<u>Follow-Up Questionnaires</u>	<u>Supervisor's Questionnaires</u>
1. Facilitate communication between provider and supporters.	1,2,4	1,4,5	1,4	1,4
2. Facilitate communication with employees.	1,3,5	1,3,5,10	2,3,4	2,3
3. Improved management skills.	2,4	1,2,5,9	2,3,5	2,3,4,5
4. Improved understanding of support agencies.	1,2,4	1,4,5	1,4	1,4
5. Increased job satisfaction.	3	3,10	4,5	1,4
6. Decrease personnel turnover.	3,4	3,5,10	2,3,4,5	2,3,4,5
7. Increase quality of care. ¹	N/A	N/A	N/A	N/A
8. Supported by management.	N/A	N/A	7	7

¹Evaluated only by long-range criteria based on collective change in employee attitude.

TABLE 2

Results of Course Critique Sheets

<u>Question</u>	<u>Yes</u>	<u>No</u>	<u>% Favorable</u>
1. Meeting objectives?	128	7	94.8
2. Pertinent?	123	12	91.1
3. Useful?	103	32	76.3
4. Increase effectiveness?	125	10	92.6
5. Useful to subordinates?	108	27	80.0

The course critique sheets provided valuable information for use in modifying the course content and manner of presentation of the material in the future. Some information regarding the quality of the instructors was also obtained. Most instructors received laudatory comments but others received criticism for some minor weaknesses in the mechanics of the teaching process within the classroom.

Though the course critiques did point out weaknesses in some of the courses, the overall analysis of this method of evaluation must result in the conclusion that the courses offered were effective in meeting programmed objectives.

The results of the Supervisor Development Program Evaluation sheet completed by the participants at the conclusion of the test program are shown in Table 3. Only fourteen of the fifteen participants turned in a program evaluation sheet. One participant submitted a written critique of the program rather than completing the evaluation sheet provided. The results indicate very favorable responses from the participants as to effectiveness of the program particularly in meeting program objectives and in its potential to improve supervisor-employee relations at Fitzsimons. Many of the "No" responses were qualified somewhat by written commentary. For example, one participant severely criticized the program for being too similar to the Phase I and Phase II program designed for basic training of newly appointed supervisors and for this reason the program would not be recommended.

TABLE 3

RESULTS OF SUPERVISOR DEVELOPMENT PROGRAM EVALUATION

<u>Question</u>	<u>Yes</u>	<u>No</u>
1. Meet objectives?	14	0
2. Appropriate level of presentation?	12	2
3. Improve employee relations?	14	0
4. Increased understanding?	13	1
5. Communications techniques?	12	2
8. Recommend program?	12	2
10. Increase job satisfaction?	12	2

Questions 6, 7 and 9 are commentary in nature.

The strengths of the program were apparently its organization and course content. Comments most often made concerning program weaknesses included its broad scope, inappropriate level of instruction in one or two of the courses, and number of similarities with the Phase I and II Supervisor Training Program. These comments are well taken and rather easily remedied. In addition, many program evaluations included comments that indicated that many participants thought the wrong persons were attending the program in many instances. Most participants felt that this program would be useful for supervisors at the highest levels of the organization. If a single thought could be identified as the one most prevalent throughout the program, it would be that those supervisors in attendance were given a high level of responsibility but little authority to use in task accomplishment. The feeling that those with significant decision-making authority should first attend the program seemed to permeate all courses. This was clearly evident in the written commentary provided in the Supervisor Development Program Evaluation sheet.

The specific responses to the questions and the commentary undoubtedly reflected the opinion of the participants that the program was effective in meeting its objectives. The fact that many participants claimed that their own supervisors should attend provided added emphasis to this conclusion.

Results obtained from participants approximately two months subsequent to the completion of the program are included in Table 4. Responses were received from thirteen of the fifteen participants, though some participants did not answer all of the questions in the questionnaire. The

TABLE 4

RESULTS OF FOLLOW-UP QUESTIONNAIRE BY PARTICIPANTS

<u>Question</u>	<u>None</u>	<u>Moderately</u>	<u>Significantly</u>
1. Understand support systems?	2	8	3
2. Improved employee relations?	3	10	0
3. Implemented techniques?	2	10	1
4. Increase awareness?	0	12	1
5. More sensitive?	0	12	0
8. Continue program?	Yes - 12	No - 1	
9. Program length?	Too long - 1 Too short - 1 Appropriate - 10		

Questions 6 and 7 are commentary in nature.

vast majority of responses indicate that the program resulted in enhanced understanding of support services, improved employee relations, implementation of communications techniques, increased awareness of supervisory responsibilities, and more sensitivity to employee needs, to at least a moderate degree. Only one person recommended that the program not be continued, and that due to the aforementioned repetition with the new supervisor training program previously established.

The evidence from this evaluation tool also supports the conclusion that the program is effective in meeting its objectives.

Results of the follow-up questionnaire completed by the supervisors of the program participants approximately two months subsequent to the completion of the program are shown in Table 5. Of the fifteen questionnaires distributed only eight were received in return. Some of those who responded did not complete all of the questions in the questionnaire. These results show a very mixed response, split almost in half for the first five questions. The participant's supervisors were about evenly divided between those who observed favorable changes as a result of the program and those who did not. Though six of seven stated they would support continuation of the program, this does not appear to be a response that is consistent with unfavorable answers (No) to the first five questions. From the perspective of the participants' supervisors, then, there is considerable doubt as to the efficacy of the program in changing the attitude and/or behavior of those who participate in it. It is interesting to note, however, that despite this doubt as to effectiveness of the program, almost all of the participants' supervisors feel that it is a good idea to continue it.

TABLE 5

RESULTS OF FOLLOW-UP QUESTIONNAIRE BY SUPERVISORS
OF PROGRAM PARTICIPANTS

<u>Question</u>	<u>Yes</u>	<u>No</u>
1. Improvement in support services?	4	4
2. Improvement in employee relations?	4	4
3. Measures to improve communications?	4	3
4. Change in attitude?	4	4
5. Sensitive to employee needs?	4	3
7. Supportive of program continuation?	6	1

Question 6 is commentary in nature.

CHAPTER III

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

From the perspective of the participants, the Supervisor Development Program tested at Fitzsimons Army Medical Center was effective in meeting its objectives of facilitating communications between both employees and their supervisors and patient care providers and those who support the patient care operation, improving management skills, enhancing the understanding of the operational procedures of selected service support agencies, and therefore met the objective of increasing the job satisfaction of both civilian and military employees.

Those who participated in the test of the program are in favor of implementing it on a continuing basis. The supervisors of those participants also recommended implementation of the program even though evidence of the program's ability to effect a positive attitude or behavioral change was questioned.

If the Supervisor Development Program is to be implemented on a continuing basis and with a focus on middle-level supervisors, some courses within the program require modification, especially the courses entitled Engineering Resources Management and Resources Management. In addition, modification should be made to any course which unnecessarily repeats course material that is also presented in the Supervisor Training Program designed

for newly appointed supervisors. The focus on middle-level managers must be maintained.

The reluctance of managers at the department or higher level to release supervisors from their normal duties for prolonged periods such as two or more days in order to participate in the Supervisor Development Program requires alteration of the program's format. It is apparent from the relatively poor support provided for the test by the Department of Nursing in particular that the program should be presented extensively over a longer period of time.

The findings of previous studies of personnel turnover were apparently not sufficiently conclusive to convince management, especially nursing management, that supervisors at Fitzsimons are lacking in basic managerial skills such as interpersonal communications and human relations. In order to generate full support for the Supervisor Development Program, managers at the highest levels in the organization must be convinced that a real problem in the quality of supervisors exists.

Recommendations

Based upon the preceding conclusions, recommend the following:

1. That the Supervisor Development Program be implemented on a continuing basis at Fitzsimons Army Medical Center.
2. That the comments and criticisms of program participants and instructors be utilized in modifying some courses to meet overall program objectives.
3. That unnecessary repetition of information contained in the

previously established Supervisor Training Course be eliminated.

4. That courses of the Supervisor Development Program be conducted in an extensive mode (e.g., two hours per week for ten weeks) rather than the intensive mode used in the test (i.e., 20 hours over two and one-half days).

5. That the Civilian Personnel Office continue to gather data on personnel turnover and report it to executive management so that an accurate assessment of the causes may be maintained.

6. That every effort be made by executive management to aggressively seek solutions to the turnover problem by increasing the job satisfaction of both military and civilian employees.

7. That the Director of Personnel and Community Activities be tasked with planning the implementation of the program and with the maintenance of the program in the future.

APPENDIX A

COURSE CRITIQUE

COURSE CRITIQUE

Course Title: _____

1. Did the course meet its stated objectives?
Comment: _____ Yes _____ No _____
2. Is the subject matter of the course pertinent for supervisors at FAMC?
Comment: _____ Yes _____ No _____
3. Is the information provided in this course useful to you in improving the job satisfaction of your subordinates?
Comment: _____ Yes _____ No _____
4. Can the information provided in this course increase your effectiveness and/or efficiency as a supervisor?
Comment: _____ Yes _____ No _____
5. It is likely that the information in this course will be communicated to your subordinates?
Comment: _____ Yes _____ No _____
6. General Comments (Recommendations for Improvements): _____

NAME (Optional) _____

APPENDIX B

SUPERVISOR DEVELOPMENT PROGRAM EVALUATION

SUPERVISOR DEVELOPMENT PROGRAM EVALUATION

1. Did the program meet its stated objectives?
To what degree?
Comment: Yes No
2. Was the program generally directed at a level appropriate for the education and experience of the participants?
Comment: Yes No
3. Do you think that this program has the potential to improve supervisor-employee relations at FAMC?
Comment: Yes No
4. Has the program improved your understanding of some of the service agencies that support the patient care operation, i.e., personnel, facilities engineering and logistics?
To what degree?
Yes No
5. Do you feel that you have learned more about techniques of communications that can be applied in the work place?
Comment: Yes No
6. What are the strong points of the program?
7. What are the weaknesses of the program?
8. Would you recommend the program to your peers?
Comment: Yes No
9. What needs might supervisors at FAMC have that are not addressed by this program?
Yes No
10. Can the program be useful in increasing the job satisfaction of FAMC employees?
Comment: Yes No

NAME (Optional)

OBJECTIVES

1. To facilitate communications between patient care providers and those who support the patient care operation.
2. To facilitate communications between employees and their supervisors.
3. To provide supervisors with improved management skills.
4. To provide supervisors with an improved understanding of the operational procedures of selected service support agencies.
5. To increase job satisfaction of both civilian and military employees.
6. To decrease personnel turnover among civilian employees.
7. To increase the quality of patient care.

SUPERVISOR DEVELOPMENT PROGRAM

Personnel Management I: To improve understanding of the Enlisted Personnel Management System and the pertinent regulations governing civilian personnel management. (Instructor: CWO Becker)

Personnel Management II: To provide a basic understanding of the Army manpower system including use of Army staffing guides, preparation of Schedules X, and to familiarize the supervisor with methods of initiating disciplinary actions for both military and civilian personnel. (Instructors: Mrs. Hall and Mr. Barr)

Staff Development: To improve relations with subordinates, increase morale and motivation among employees utilizing such supervisor techniques as efficiency reports, counseling, information sessions, rewards and other forms of recognition. (Instructor: MAJ Vigna)

Labor Relations: To provide information on the Equal Employment Opportunity Office, labor negotiations, the National Labor Relations Act and the implications for FAMC of the Commercial-Industrial Type Activities program and specific terms of the FAMC union contract. (Instructor: Mr. Barr)

Interpersonal Communications: Basic principles of simplified communications; how to increase efficiency of forms and paperwork; to assure understanding of written and verbal communications with patients, staff, and others. (Instructor: MAJ Locke)

Conflict Resolution: Methods of dealing with the problem employee and of handling certain situations which inevitably arise in a supervisor-subordinate relationship. (Instructors: SFC Marston and LTC Munnell)

Medical Records Management: To increase the understanding by nursing personnel and clinicians of medical records requirements, the flow of medical records, the roles of physicians, nurses and records administrators in relation to patient charts, and the legal implications of records management. (Instructor: MAJ Vigna)

Engineering Resources Management: To provide basic information on how to prepare work orders, how to initiate required construction projects and how to expedite their completion within the existing system, and the extent of the Self-Help Program at FAMC. (Instructor: Mr. Wolfe)

FAMC Logistical System: To provide information as to how the system for procurement of supplies and equipment actually works at FAMC. Includes information on the workings of the MEDCASE and CEEP programs, meanings of the various priority designators, how to complete a requisition form, how to determine stockage levels, and how to properly account for government property. (Instructor: COL Slyman)

Resources Management: To provide information on the programming and budgeting cycle, the importance of monitoring the budget at the lowest level of management, and various regulations governing both military and civilian pay. (Instructor: Mr. Roehm)

1. Has this program increased your understanding of such support systems as supply and equipment, personnel staffing, and facilities engineering so that communication between your activity and the support agency has been improved?

None _____ Moderately _____ Significantly _____

Comment:

2. Have you improved your relationship with your subordinates to any degree since attending the program? None _____ Moderately _____ Significantly _____

Comment:

3. Have you implemented any of the techniques to improve supervisor-subordinate communication or to increase employee motivation discussed in the program?

None _____ Moderately _____ Significantly _____

Comment:

4. Did the program increase your awareness of your role as a supervisor in general?

None _____ Moderately _____ Significantly _____

Comment:

5. Has the program made you more sensitive to the needs of your subordinates?

None _____ Moderately _____ Significantly _____

Comment:

6. Who at FAMC could benefit most by attendance at this program?

Comment:

7. Did your supervisor support your attendance at this program?

Comment:

8. Should the program be continued? Yes _____ No _____
(If not, why not?)

9. Was the length of the program appropriate?

Too long _____ Appropriate _____ Too Short _____

10. What format is most appropriate for the program?

_____ 20 hours over 2-1/2 days (as tested).

_____ 20 hours in 2-4 hour blocks spread over a period of weeks.

_____ 20 hours in 5 half-day blocks for 1 week (mornings _____ or afternoons _____).

_____ Fewer than 20 hours - offered concurrently in one session.

_____ Fewer than 20 hours in 2-hour blocks spread over a period of weeks.

_____ More than 20 hours offered concurrently during duty hours.

_____ More than 20 hours in 2-4 hour blocks spread over a period of weeks.

_____ Other (please explain):

APPENDIX C

SUPERVISOR DEVELOPMENT PROGRAM

Follow-up Questionnaire

SUPERVISOR DEVELOPMENT PROGRAM

Follow-up Questionnaire

The test of a training program for supervisor development was conducted during the period 10-12 February 1981. The written evaluation sheets completed by the program participants for the individual courses presented and for the program as a whole have been reviewed and analyzed. Many very constructive comments were received. The time and effort expended by the participants in critically evaluating the program is greatly appreciated. It is necessary, however, to again ask you to complete this questionnaire designed to provide information concerning the effectiveness of the Supervisor Development Program in meeting its stated objectives. Please complete all of the questions as objectively as possible and return the questionnaire in the envelope provided to the Office of the Chief of Staff, ATTN: Administrative Resident, by 10 April 1981.

The objectives of the program and a listing of the courses offered with a brief synopsis of each are included on the next page in order to refresh your memory.

APPENDIX D
SUPERVISOR'S QUESTIONNAIRE

DISPOSITION FORM

For use of this form, see AR 340-15, the proponent agency is TAGCEN.

REFERENCE OR OFFICE SYMBOL

SUBJECT

HSF-ZX

Supervisor Development Program - Supervisor's Questionnaire

TO

FROM Administrative Resident DATE

CMT 1

MAJ Vigna/lw/8313

1. The test of a Supervisor Development Program was conducted during the period 10-12 February 1981. One of the criteria used to evaluate the effectiveness of the program is an assessment by the supervisor of behavior or attitude change on the part of the program participant toward his own supervisory duties and responsibilities. As the supervisor of a program participant, you are requested to complete the attached questionnaire and return it in the envelope provided to the Office of the Chief of Staff, ATTN: Administrative Resident, by 10 April 1981.
 2. The objectives of the Supervisor Development Program are attached for use in your evaluation. The courses provided in the program and a brief synopsis of each are also provided. Please review the courses and objectives and complete the questionnaire as honestly as possible. It is recognized that evaluating the effect of such a development program on your subordinate supervisors can result in very subjective judgments on your part. Nevertheless, you are requested to analyze the performance of your subordinate named below in terms of supervisory duties since 12 February and complete the questionnaire based upon your observations.

Name of Participant:

3 Incl
as

JOHN E. VIGNA
Major, MSC
Administrative

10.1007/s00339-007-0339-0

DA FORM 1 FEB 62 2496

REPLACES DD FORM 96, WHICH IS OBSOLETE.

★ U.S. G.P.O. 1976-665697/1018

Supervisor's Questionnaire

1. Have you noted improvement within your activity of such support services as supply activities, equipment procurement and maintenance, personnel staffing, or facilities engineering, that might result from an improved understanding of those support services on the part of your subordinate supervisor?

Yes _____ No _____

Comment:

2. Have you noted an improvement in the relationship between your subordinate supervisor and his/her subordinate employees? Yes _____ No _____

Comment:

3. Has your subordinate supervisor taken any measures to improve communication with his/her subordinates or to increase the motivation of his/her employees toward job accomplishment? Yes _____ No _____

Comment:

4. Are you aware of any change in the attitude of your subordinate supervisor toward his/her supervisory responsibilities? Yes _____ No _____

Comment:

5. Has your subordinate supervisor become more sensitive to the needs of his/her employees? Yes _____ No _____

Comment:

6. Who at FAMC could most benefit from this program, as you understand it?

7. Would you be supportive of such a program for the majority of supervisors, including executive supervisors, at FAMC?

Comment:

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